



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

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EMAIL

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NOTE: This is a public document.

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Amemiya	Roy	Keiji	(808) 372-7744
MAILING ADDRESS (Street)			FAX
95-1120 Kualapa Street			EMAIL
			roy@amemiyaconsulting.com
(City)	(State)	(Zip Code)	
Mililani	Hawaii	96789	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Amemiya Consulting, LLC			(808) 372-7744
MAILING ADDRESS (Street)			FAX
95-1120 Kualapa Street			EMAIL
			roy@amemiyaconsulting.com
(City)	(State)	(Zip Code)	
Mililani	Hawaii	96789	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Central Pacific Bank		(808) 544-0500
MAILING ADDRESS (Street)		FAX
220 S. King Street		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Roy K. Amemiya		(808) 372-7744
MAILING ADDRESS (Street)		FAX
95-1120 Kualapa Street		EMAIL
		roy@amemiyaconsulting.com
(City)	(State)	(Zip Code)
Mililani	Hawaii	96789

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/28/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Glenn Ching, Esq.

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Senior Vice President

NAME OF ORGANIZATION (if applicable)

Central Pacific Bank

TELEPHONE

(808) 544-3531

MAILING ADDRESS (Street)

220 S. King Street

FAX

EMAIL

glenn.ching@centralpacificbank.com

(City)

Honolulu

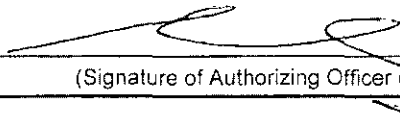
(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/29/13

(Date)